

APR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10231

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan

Registration District No. 85

(b) Township St. Joseph

Primary Registration District No. 1001

(c) City St. Joseph

(d) Street No. 5109 Pryor Ave.

Registered No. 312

(e) Length of residence in city or town where death occurred 18 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5109 Pryor Ave.

St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Elsie Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 30, 1869

7. AGE

YEARS

70

MONTHS

3

DAYS

17

If LESS than 1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Nickum County

Ohio

FATHER

13. NAME

Thomas Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

Unknown

MOTHER

15. MAIDEN NAME

Christina Bank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

Unknown

17. INFORMANT (ADDRESS)

Mrs. Elsie Wells
5109 Pryor Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

King Hill Cem.

DATE

March 18, 1940

19. FUNERAL DIRECTOR (NAME)

Clark Mortuary

(ADDRESS)

5025 King Hill Ave.

20. FILED

March 15, 1940
H. J. Mathews
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from

March 2, 1939 to March 16, 1940

I last saw him alive on March 16, 1940 Death is said

to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerotic Dementia
g. 2. 4

Other contributory causes of importance:

Arteriosclerosis
Hypertension
Cerebral Accident (old)

Name of operation

Date of

What test confirmed diagnosis? Technical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Wm. Redmond
620 Francis
St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or ~~by~~ March 17, 194

....., Registered Apprentice No.....,
working under my personal supervision.

Signed E. A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.